



SAN DIEGO COUNTY INFLUENZA SURVEILLANCE

2016-17 YTD

AS OF WEEK 4, ENDING 01/28/2017



CURRENT UPDATE

Reported Influenza Cases Since July 1, 2016



LIVE WELL
SAN DIEGO

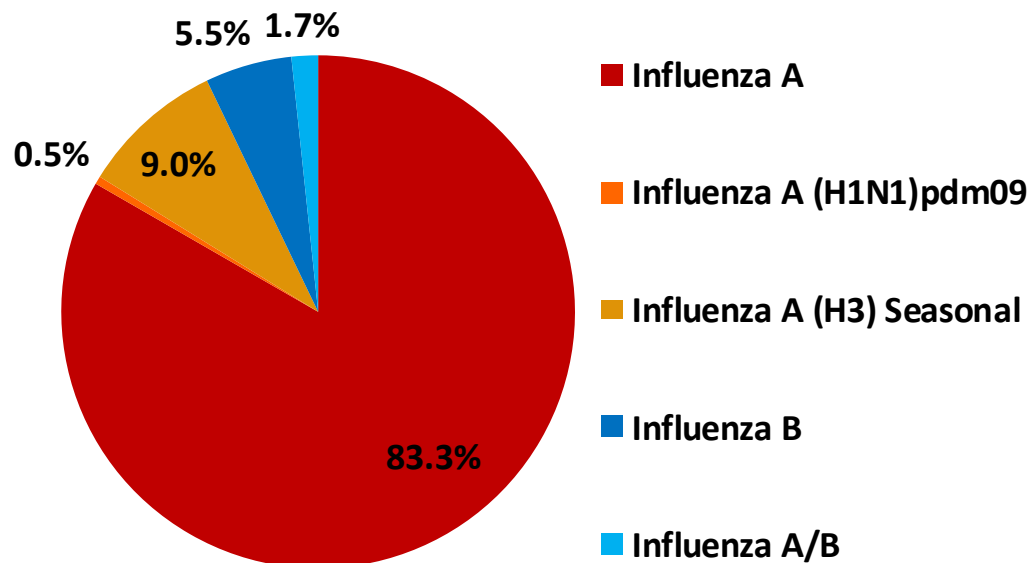
2,399

TOTAL REPORTED
INFLUENZA CASES

52 ICU CASES

33 DEATHS

15 OUTBREAKS



Preliminary Results

Data Source: Reported Influenza Case Reports

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch, 2/1/2017

INFLUENZA SURVEILLANCE UPDATE, 2016-17 YTD



Table 1. Influenza Surveillance Indicators

Indicator	FY 2016-17*			FY 2015-16		Prior 3-Year Average**	
	Week 4	Week 3	FYTD [#]	Week 4	FYTD [#]	Week 4	FYTD [#]
All influenza detections reported (rapid or PCR)	283	326	2,399	216	1,000	617	2,806
Percent of emergency department visits for ILI	4%	3%		4%		7%	
Percent of deaths registered with pneumonia and/or influenza	8%	8%		8%		10%	
Number of influenza-related deaths reported [^]	12	7	33	1	7	8	26

[#] FYTD=Fiscal Year To Date (FY is July 1- June 30, Weeks 27-26). Total deaths reported in prior years: 68 in 2015-16, 97 in 2014-15, and 70 in 2013-14.

* Previous weeks case counts or percentages may change due to delayed processing or reporting.

** Includes FYs 2013-14, 2014-15, and 2015-16.

[^] Current FY deaths are shown by week of report; by week of death for prior FYs.

Preliminary Results

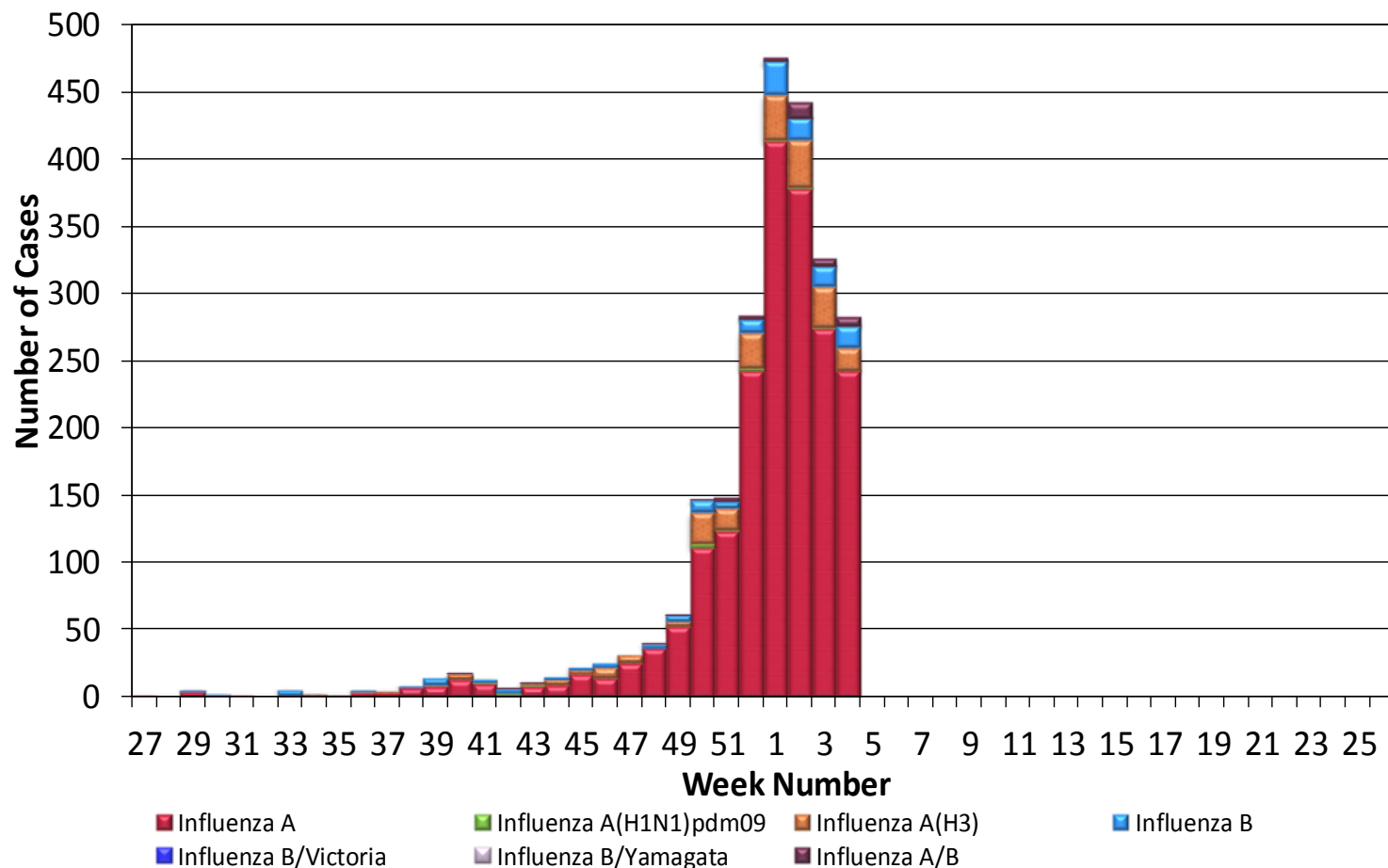
Data Source: Reported Influenza Case Reports

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INFLUENZA SURVEILLANCE UPDATE, 2016-17 YTD



Figure 2. San Diego County Influenza Detections by Type and Week of Report, 2016-17 (N=2,399)



Preliminary Results

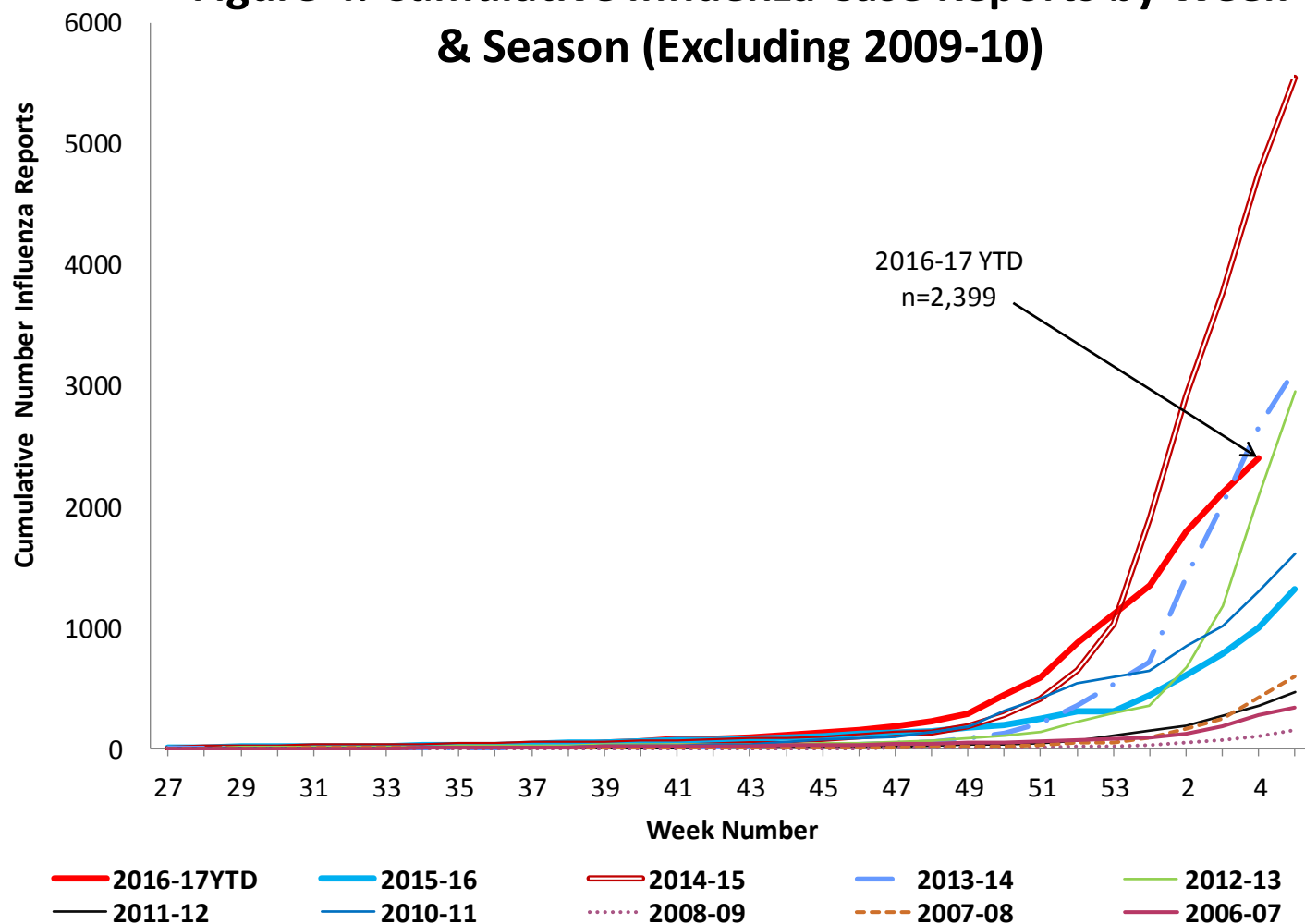
Data Source: Reported Influenza Case Reports

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INFLUENZA SURVEILLANCE UPDATE, 2016-17 YTD



**Figure 4. Cumulative Influenza Case Reports by Week
& Season (Excluding 2009-10)**



Preliminary Results

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INFLUENZA SURVEILLANCE UPDATE, 2015-16 YTD



Table 2. Influenza Detections Reported, FY 2016-17*

Positive Test Type/Subtype	Week 4	Total To-Date
Influenza A†	243	1,999
Influenza A(H1N1) Pandemic 2009	0	12
Influenza A (H3) Seasonal	17	217
Influenza B†	16	131
Influenza B/Victoria	0	0
Influenza B/Yamagata	0	0
Influenza A/B†	7	40
Total	283	2,399

* FY is July 1- June 30.

† No further characterization performed, or results were not yet available at time of publication.

Note: Totals may change due to further laboratory findings.

Preliminary Results

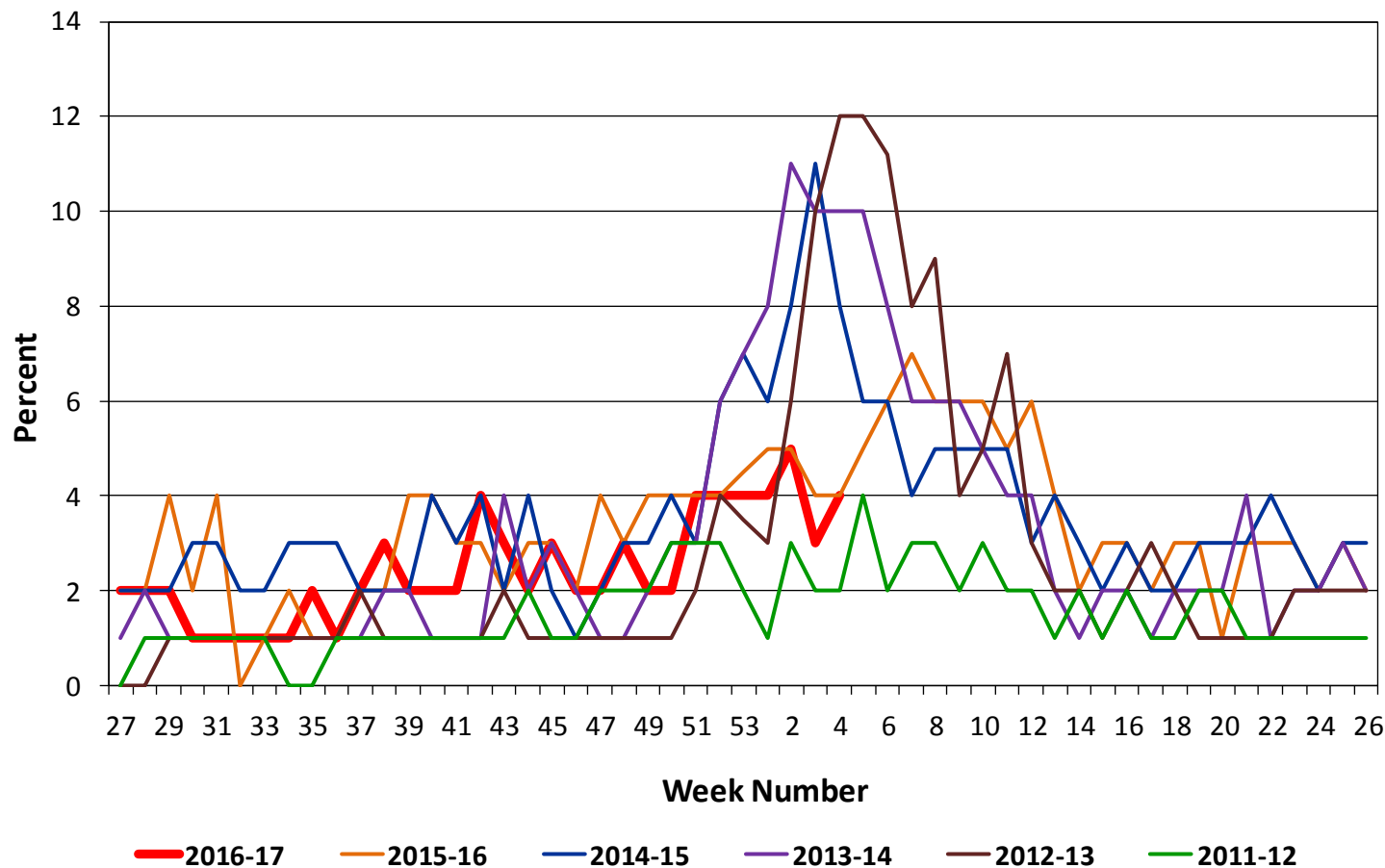
Data Source: Reported Influenza Case Reports

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INFLUENZA SURVEILLANCE UPDATE, 2016-17 YTD



**Figure 1. Percent of Emergency Department Visits for
Influenza-like Illness by Week and FY**



Preliminary Results

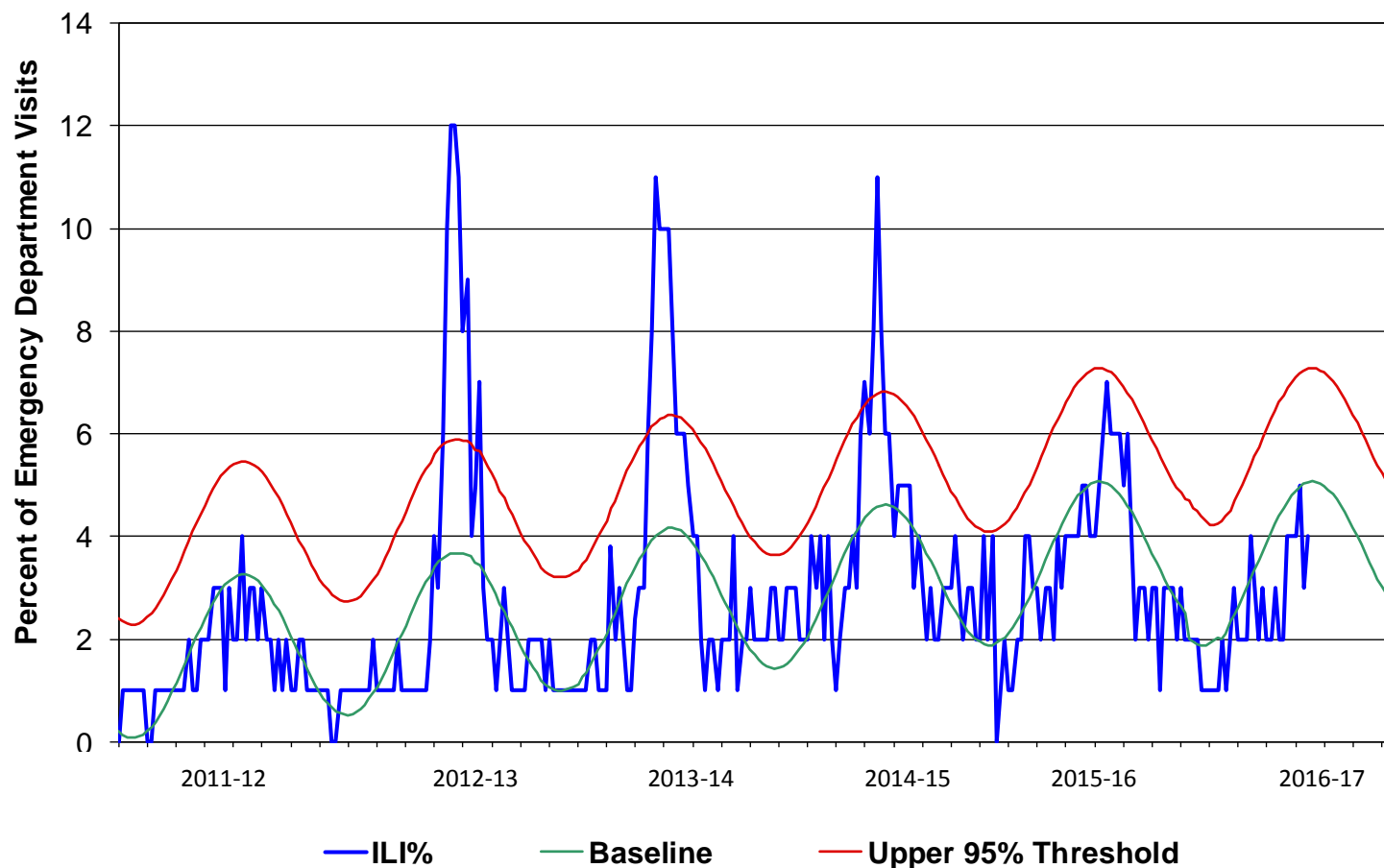
Data Source: Reported Influenza Case Reports

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INFLUENZA SURVEILLANCE UPDATE, 2016-17 YTD



Figure 5. Percent of San Diego County Emergency Department Visits for Influenza-like Illness by Week and FY Compared to 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)



Preliminary Results

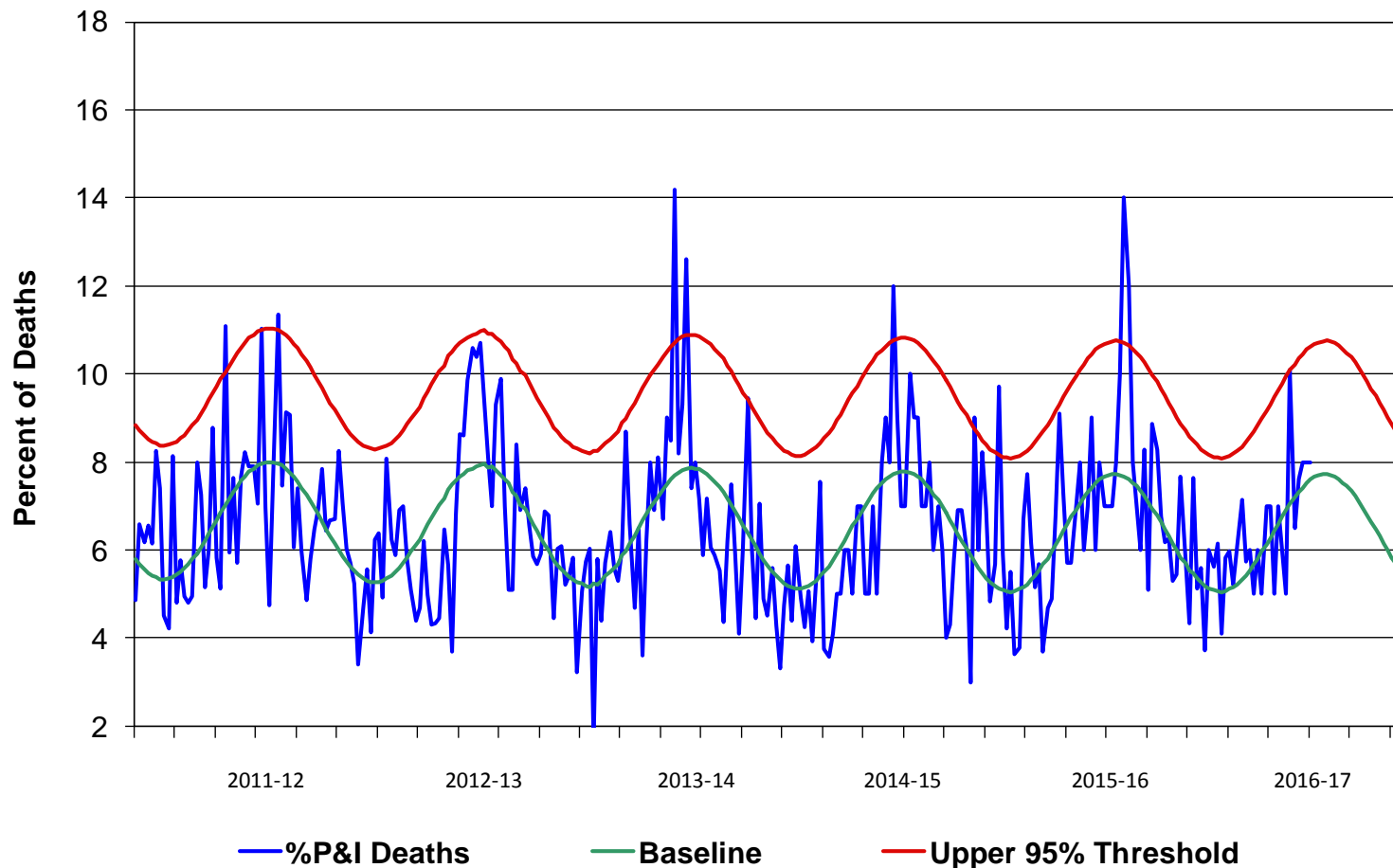
Data Source: Reported Influenza Case Reports

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INFLUENZA SURVEILLANCE UPDATE, 2016-17 YTD



Figure 6. Percent of San Diego County Deaths Registered with Pneumonia and/or Influenza by Week and FY Compared to Prior 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)



Preliminary Results

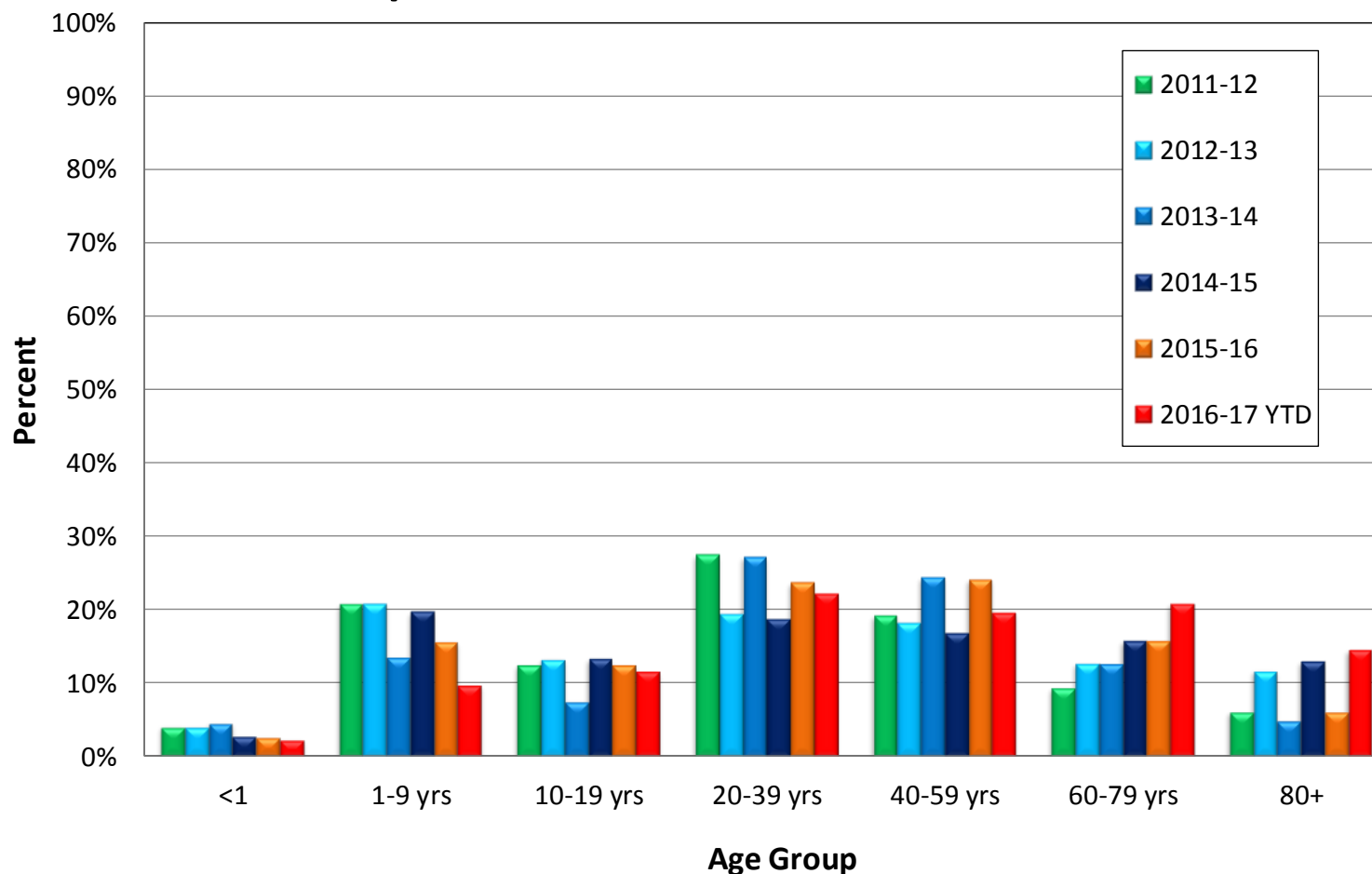
Data Source: Reported Influenza Case Reports

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INFLUENZA SURVEILLANCE UPDATE, 2016-17 YTD



Figure 3. Percent of Reported Influenza Cases by Age Group and Season, 2011-12 to 2016-17 YTD



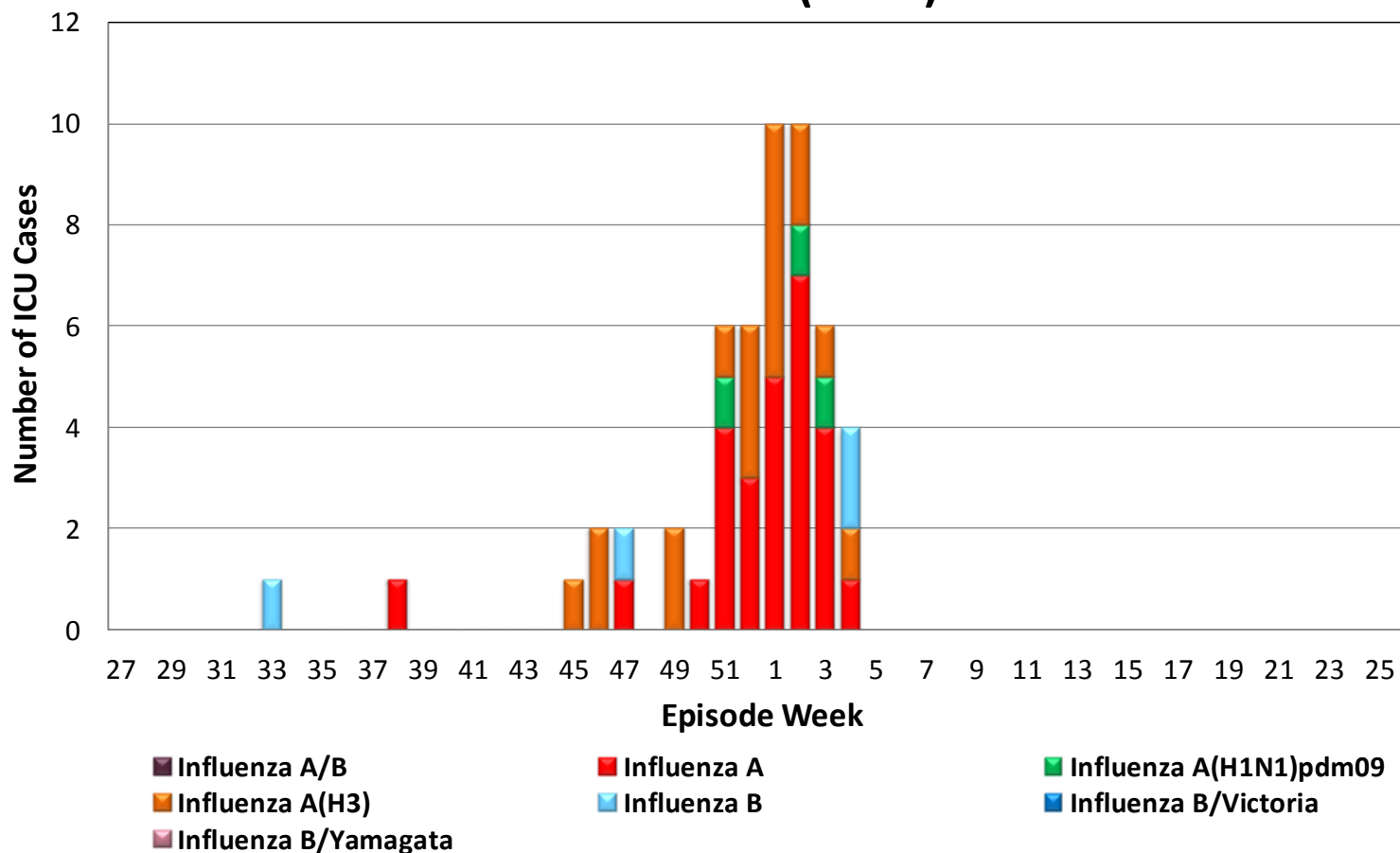
Preliminary Results

Data Source: Reported Influenza Case Reports

INFLUENZA SURVEILLANCE UPDATE, 2016-17 YTD



Figure 9. Number of Influenza Cases Requiring ICU Care by Episode Week and Type of Influenza, 2016-17 YTD (N=52)



Preliminary Results

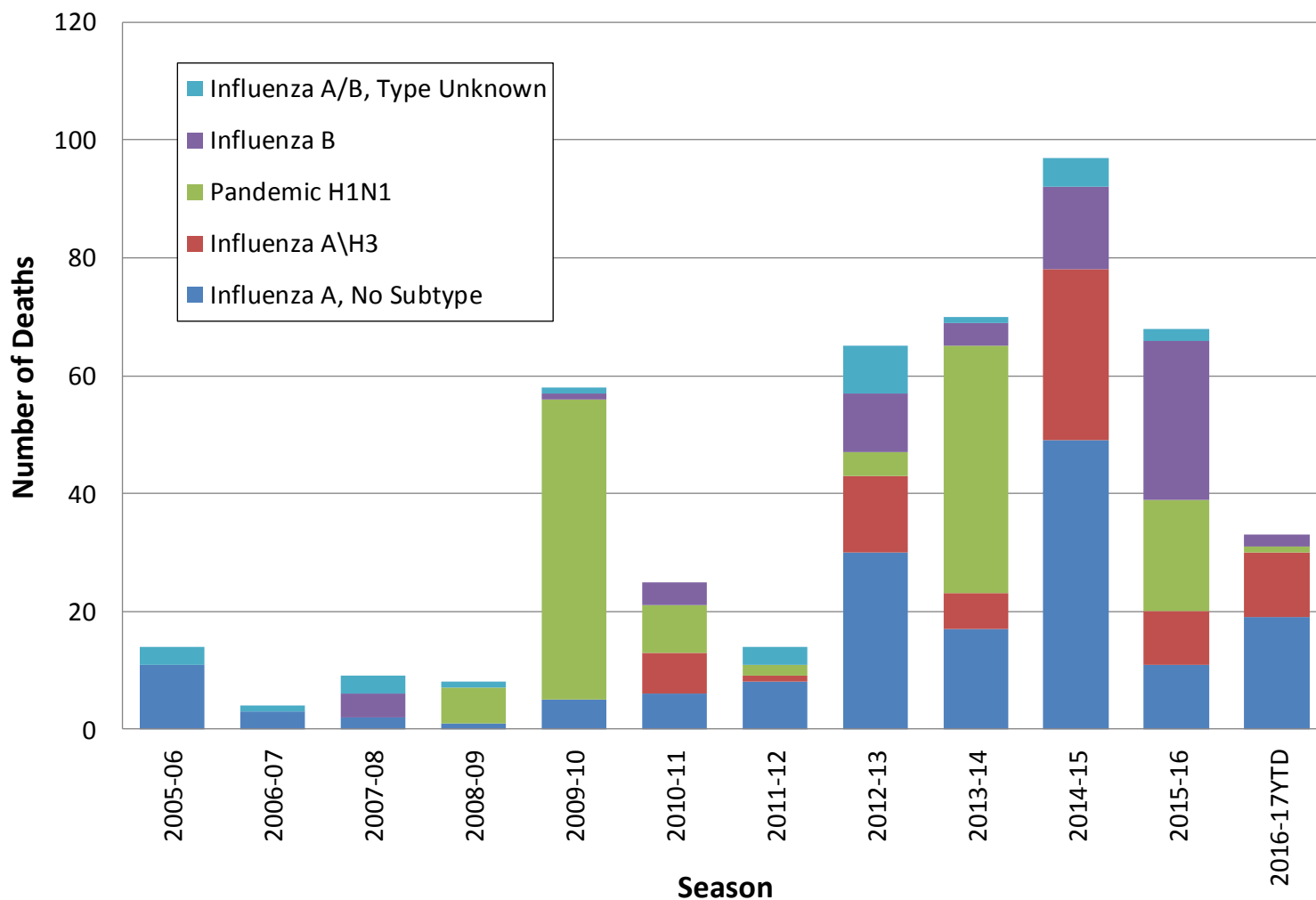
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INFLUENZA SURVEILLANCE UPDATE, 2016-17 YTD



Figure 7. Influenza Deaths by Type, and Season



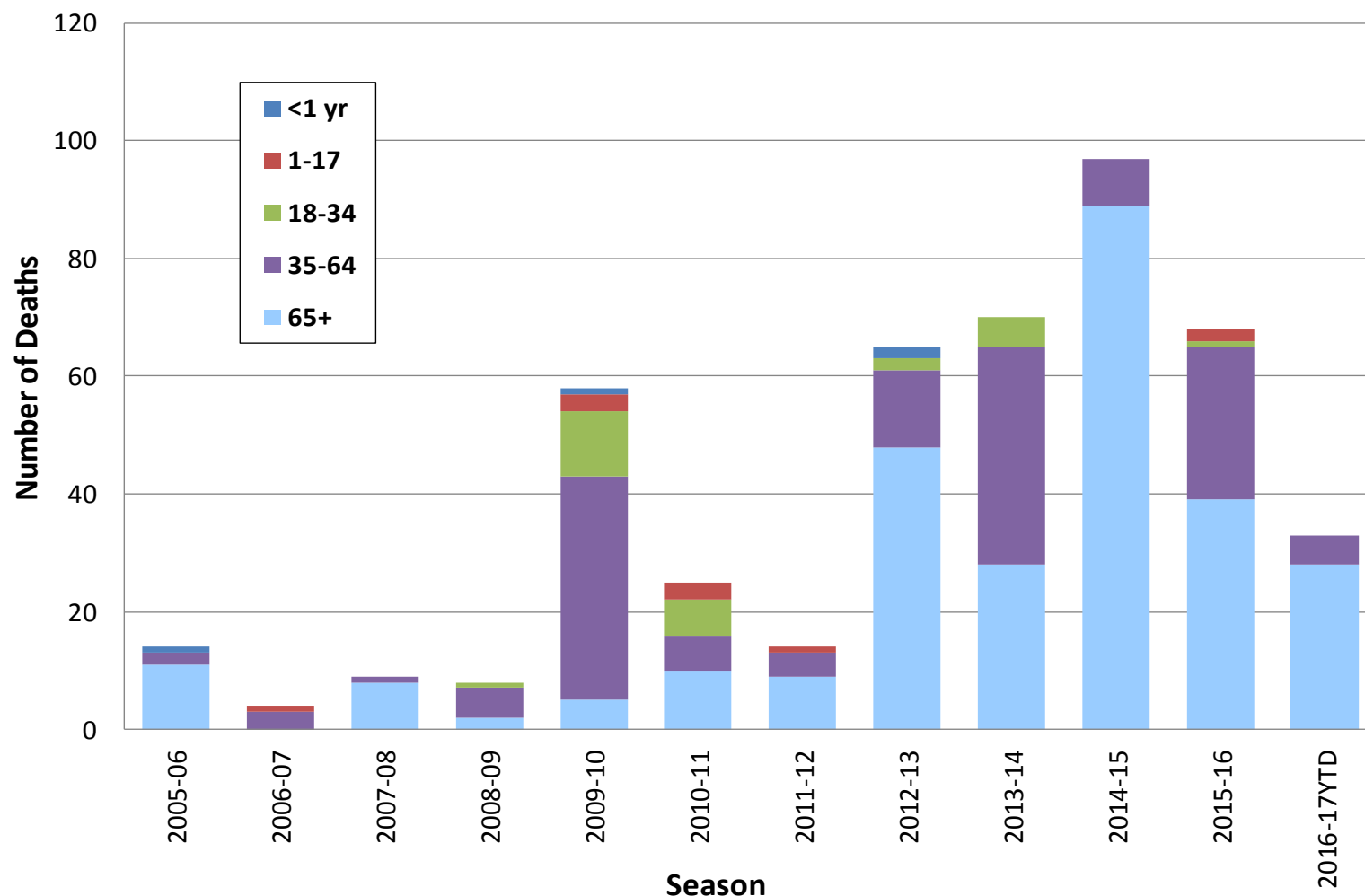
Preliminary Results

Data Source: Reported Influenza Case Reports

INFLUENZA SURVEILLANCE UPDATE, 2016-17 YTD



Figure 8. Influenza Deaths by Age and Season



Preliminary Results

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Avian Influenza Notices Issued

Two recent health notices reinforce the importance of **obtaining a travel history and an animal exposure history** in individuals who present for care with respiratory illness.

On January 26, 2017, the World Health Organization (WHO) [called for heightened vigilance](#) to prevent and detect potential human cases of avian influenza as it continues to spread in birds across Europe. WHO noted that in the past 6 months, at least 24 European countries have reported outbreaks of highly pathogenic avian influenza (HPAI) A(H5N8) virus in wild birds and domestic poultry. Outbreaks have also been reported in countries in Africa, Asia and the Middle East. No human cases of this strain have been reported, and risk for transmission from birds to humans is low. Nonetheless, WHO stated that "similar influenza subtypes have caused human disease in the past, [so] the possibility of transmission cannot be excluded."

On January 27, 2017, the Centers for Disease Control and Prevention (CDC) [issued a travel notice](#) about new human cases of [avian influenza A H7N9](#) in China. The notice came the day after the Hong Kong Centre for Health Protection [reported](#) that mainland China has recorded 229 human cases since November 2016. *There are no recommendations against travel to China, but* CDC advised those going there to "avoid contact with poultry (including poultry markets and farms), birds, and their droppings and to avoid eating undercooked poultry." CDC also advised clinicians to consider H7N9 infection in travelers who present with respiratory illness within 10 days of returning from China. Travel to China may have recently increased with the celebrations of the Lunar New Year on January 28.

Patients with suspected novel or avian influenza should be **reported immediately** to the [County Epidemiology Program](#) at 619-692-8499 to coordinate testing and case/contact investigation. CDC is currently updating some avian influenza guidance documents, which will be posted as they are finalized at this webpage: [Avian Influenza: Information for Health Professionals and Laboratorians](#). Where only avian H7N9 guidance is available, it is appropriate to use avian H7N9 guidance to address other avian influenza infections in people. CDC also provides [guidance at a glance](#) for clinicians evaluating and managing patients exposed to birds infected with avian influenza viruses of public health concern.

Preliminary Results

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